

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2014
NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF GASTONIA		STREET ADDRESS, CITY, STATE, ZIP CODE 2755 UNION ROAD GASTONIA, NC 28054		
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C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Dennis Harrell on November 7, 2014. Records indicates that this facility was first licensed or submitted for licensure on June 27, 1997, as a Home for the Aged with 105 beds, including a 28 bed Special Care Unit. Therefore, this facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes (Homes for the Aged and Family Care Homes,) applicable portions of the 2005 Rules 10A NCAC 13F for Adult Care Homes of Seven or More Beds and the 1996 North Carolina State Building Code with emphasis on Section 409, Group I-2, Unrestrained. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive,	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1 Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing by not having properly working delayed egress. This could affect all residents, staff and visitors by potentially delaying exiting in an emergency for more than an acceptable time. Findings on November 6, 2014: a. The delayed egress doors to the SCU do not initiate the irreversible process to unlock the latch unless you hold the releasing device the entire 15 seconds. This is not in conformance with the Code Requirement that the process begin in 3 seconds and is irreversible. b. The delayed egress doors to the SCU did not have the required signage saying "PUSH UNTIL ALARM SOUND, DOOR CAN BE OPENED IN 15 SECONDS." c. Front delayed egress doors audible signal was barely audible above ambient sound level.	C 101		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this	C 164		

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C 164	Continued From page 2 Rule. This would affect all residents, staff and visitors by exposing them to odors, unsanitary conditions and equipment in disrepair. Findings: on November 6, 2014: a. The ice machine drain in the Kitchen was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice.	C 164		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the Building failed to maintain in a safe manner the integrity of the fire-resistance-rated construction because of breaches through the assemblies. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on November 6 2014: a. The ceiling had three data cable running through a 1 inch hole in the Resident Relations closet, b. The ceiling had two ½ inch holes in the Storage Room near riser room, c. The ceiling was penetrated with a PVC conduits and there were gaps around it in the Riser Room,	C 189		

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C 189	<p>Continued From page 3</p> <p>d. The ceiling/wall was penetrated with a cable bundle in the Main Electrical Room that exceeded the number of cables that could be protected by filling the space around the cables, and was not protected with collar or other acceptable methods,</p> <p>e. The corridor enclosure wall had three ½ inch unprotected holes in the SCU Resident Laundry Trash Room,</p> <p>f. The ceiling/wall was penetrated with a cable not properly sealed against fire and smoke in the Electrical Room near Bedroom 221.</p> <p>2. Based on Observation, the Building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on November 6, 2014:</p> <p>a. Several portable medical oxygen cylinder were stored standing up in beverage crates and not secured to the structure in the Oxygen Storage Room.</p> <p>3. Based on observation, the Building failed to maintain in an operating manner emergency illumination of the egress pathways. This would affect all residents, staff and visitors, by causing confusion and delay exiting if the egress pathways were not illuminated in an emergency. Findings on November 6, 2014:</p> <p>a. The wall-mounted emergency light did not work on backup power when the test button was pushed in the following locations to include but not limited to:</p> <p>i. Corridor near Bedroom 132,</p> <p>ii. Corridor near Soiled Utility in service corridor,</p> <p>iii. Activity Storage,</p> <p>iv. SCU back Nurse Station Area,</p>	C 189		

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C 189	<p>Continued From page 4</p> <p>v. Corridor near Bedroom 242, vi. Corridor near Beauty Shop, vii. Corridor near second floor Clean Linen.</p> <p>4. Based on observation, the Building was not maintained in a safe manner by not maintaining the fire resistance of all doors the 1996 NC State Building Code defines as "Hazardous Area" and corridor doors in fire/ smoke barrier walls. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on November 6, 2014: a. The self-closing door did not close on their own power and latch at the first floor soiled Linen. b. The fire alarm released the hold-open on the Bulk Laundry Room door but cannot close and latch for the laundry cart blocking the opening.</p> <p>5. Based on Observation, the Building was not maintained in a safe manner by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect staff and visitors if someone becomes trapped inside. Findings on November 6, 2014: a. A pair of in-swing doors to the Kitchen were locked with normal door hardware and a dead bolt. Staff throws the bolt on the dead bolt before the door closes to keep the door from latching. b. The closet door in the Jefferson Room was locked with a hasp device and padlock, c. The closet door in the Jackson Room/Therapy room was locked with a hasp device and padlock, d. The closet door in the SCU Activity Room was locked with a hasp device and padlock.</p> <p>6. Based on observation, the fire resistance rating was not maintain in a safe manner, by</p>	C 189		

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C 189	Continued From page 5 having doors that do not automatically latch into their frame. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room or compartment of origin. Findings on November 6, 2014: a. Two-Kitchen to Dining Room doors had only dead bolts and could not automatically latch into their frame. b. The pair of cross corridor fire doors near the second floor elevator are warped and do not provide a smoke tight seal and one leaf want latch into its frame. 7. Based on observation, the smoke resistance of the corridor was not maintain in a safe manner, by having corridor doors that do not automatically latch into their frame. This could affect all residents, staff and visitors if the doors do not latch and do not contain smoke/fire in the room or compartment of origin. Findings on November 6, 2014: a. Corridor door the Bedroom 240 would not latch into its frame, b. Corridor door the Bedroom 225 wound not latch into its frame, c. Corridor door the Bedroom 222 wound not latch into its frame as it rubs against the threshold.	C 189		
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the	C 193		

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C 193	<p>Continued From page 6</p> <p>facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.</p> <p>(5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to provide an environment in accordance with Rule by not providing proper control over the range. This could affect all residents, staff and visitors as the powered unit could burn someone or ignite nearby combustible material.</p> <p>Findings on November 6, 2014:</p> <p>a. The range in the SCU Activity Room was equipped with a locking feature controlled by staff, however staff using the room was not aware that it was powered up and had placed combustibles on the burners.</p>	C 193		